

| FOR OFFICE USE ONLY | |
|--|---|
| License Number | Effective/Expiration Dates to |
| Issuing Clerk | Application Fee (4505) NON-REFUNDABLE (Not applicable) |
| Date of Issue | License Fee (4500) PER EVENT (Not applicable) |
| Property Owner Approval IF APPLICABLE | Sales Tax Deposit (4502) IF APPLICABLE \$ 60.00 |
| Code Enforcement Approval DATE OF INSPECTION: SATISFACTORY? IF APPLICABLE | Clean-up Fee (4500) IF APPLICABLE (Not applicable) |

CITY OF ENGLEWOOD, COLORADO

Finance and Administrative Services

Revenue and Budget Division

1000 Englewood Parkway

Englewood, CO 80110-2373

Phone: **303-762-2422** Fax: **303-783-6896** E-mail address: **laelliott@englewoodco.gov**

APPLICATION FOR SPECIAL EVENT LICENSE/ TAX COMPLIANCE – 4TH OF JULY (2018)

NOTE: Englewood Municipal Code 5-20-4: TERM OF SPECIAL EVENTS LICENSE: The License shall expire upon completion of the event or seven (7) days which ever is shorter. A License shall not be issued for the same Special Event more than three (3) times in a calendar year.

Applicant's Name: _____

Applicant's Business Name: _____

Mailing Address: _____
Street City State Zip

Applicant's Phone: _____ Email: _____

Name of Event: **CITY OF ENGLEWOOD 4TH OF JULY (2018)**

Event Location(s): **BELLEVIEW PARK/ CORNERSTONE PARK, ENGLEWOOD COLORADO**

Date(s) and Time of Event JULY 4, 2018 / 3:00 – 9:00 PM

Goods / Services provided: _____

Does applicant currently hold a sales tax license with the City of Englewood? _____ # _____
If applicant does not hold a current sales tax license with the City of Englewood, a \$60.00 sales tax deposit is required.

Application continued on reverse side

CITY OF ENGLEWOOD, COLORADO

APPLICATION FOR SPECIAL EVENT LICENSE / TAX COMPLIANCE – 4TH OF JULY (2018)

Attach Copy of a current government issued Driver's License or Identification Card with picture (**All Vendors**)

Attach Certificate of Comprehensive General Liability Insurance as required by Englewood Municipal Code 5-20-5(A) (**Food Vendor/ Activity Vendor**)

Attach Tri-County Health Certificate (**Food Vendor**)

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| I CERTIFY §5-1-1 THRU §5-1-9 AND §5-20-1 THRU §5-20-5 WAS GIVEN AND/OR MAILED TO ME AND IT IS MY RESPONSIBILITY TO BECOME FAMILIAR WITH ALL PROVISIONS THEREIN. |
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I submit this application with the understanding and agreement that any license, which may be issued, may be suspended for cause by the City. I understand and will comply with the provisions of the Englewood Municipal Code.

NONCOMPLIANCE WITH CITY ADOPTED CODES MAY RESULT IN THE CITY PURSUING FORMAL LEGAL ACTION SUCH AS A DISTRAINT WARRANT, A SUMMONS AND COMPLAINT FILED THROUGH THE MUNICIPAL COURT, A TAX LIEN OR LICENSE REVOCATION.

I affirm, that this application, and all information therein, is true, correct and complete to the best of my knowledge.

Signed: _____ Date: _____

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| PLEASE NOTE: Unless ALL information requested, is provided, NO LICENSE WILL BE ISSUED. All individual Vendors participating in the Special Event must obtain the appropriate City License. |
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